Please print or type with ELITE type (12 characters per inch) in the unshaded ar	reas only	0-	Form	Appro	ved. Of	ИВ No. 20	050-0028 GSA	8. Expires No. 0246	9-30-88. -EPA-OT	
United States Environmental Washington, DC	Protection Age 20460	AL PASTE			Filing this fo	Notifica orm. The is requ	informatired by	nstruction fore compation required law (See Conserve)	pleting uested ection	
	us was	le Ac	uvit	Yes	and F	Recovery	Act).	e consei		
For Official Use Only	Comments		11 59							
C	FERRIS AT	HISTRA	TIDIT		O.					
Installation's EPA ID Number	Approve		Date f	Receiv	ved day	1) 6	2X	Len		
EDID144446572T/A	C 1	8	61	1	2			93		
I. Name of Installation										
GETTY			157							
II. Installation Mailing Address Stre	et or P.O. Box								12 50	
286 DORFMUS										
City or Town						State		ZIP Cod	de	
ANEWARK						17	0 '	711	0 5	
III. Location of Installation	or Route Numb	er								
CS G DOPEMUS AU	6									
City or Town						State		ZIP Cod	de	
CNEWARK						NJ	0	711	0 5	
IV. Installation Contact				Pho	no Nu	mbor (a)	ea code	and nur	mberl	
Name and Title (last, first, and job title)			2	0	I I	3 4	4	78	60	
V. Ownership		25.02								
A. Name of Installation's Legal O	wner	50	14		В.	Type of	Owners	ship <i>(ente</i>	er code)	
RPETRO PT GEII	Y 1	ER	Pofor f	in in	otruot	ione I		15		
VI. Type of Regulated Waste Activity (Mark 'X' in the A. Hazardous Waste Activity	e appropriate	Doxes.	B. U	sed (Oil Fue	I Activit	ies			
1a. Generator	☐ 6. O	ff-Specifi	cation Us	sed O	il Fuel opriate	boxes b	elow)			
2. Transporter 3. Treater/Storer/Disposer		a. Generator Marketing to Burner								
4. Underground Injection 5. Market or Burn Hazardous Waste Fuel		b. Other Marketer								
(enter 'X' and mark appropriate boxes below) a. Generator Marketing to Burner	□ 7.S	c. Bur	on Used	Oil Fu	ıel Maı	keter (o	r On site	e Burner,	,	
b. Other Marketer	v	Vho First	Claims th	ne Oil	Meets	the Spe	ecificatio	on		
UI. Waste Fuel Burning: Type of Combustion Device	(enter 'X' in all	appropria	ate boxes	to inc	dicate t	ype of co	ombusti	ion device	e(s) in	
which hazardous waste fuel or off-specification used oil fuel is burn	ned. See instruc ustrial Boiler	ctions for		_		rial Furr	************			
VIII. Mode of Transportation (transporters only — en	ter 'X' in the	approp	riate b	ox(e	s)		ESTE	34		
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐	E. Other (specif	fyl		A.O.	A CO	ALC:	12.6			
IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your in the appropriate box to indicate whether this is your installation.	nstallation's fire	st notifica	ation of h	nazaro	dous w	aste ac	tivity or	a subse	quent	
Mark 'X' in the appropriate box to indicate whether this is your in notification. If this is not your first notification, enter your installation	on's EPA ID Nu	mber in th	ne space			ion's EF		-		
A. First Notification B. Subsequent Notification (complete	te item C)			0. 11	Janat	,011 3 41				

									ID	- For Official Use	e Only	
												T/A C
									N			
. De	scrip	tion of	f Haz	ardo	ous \	Nast	es (cor	ntinued from front	nber from 40 CFR Part	261.31 for each list	ted hazardou	s waste
from	n nons	pecific s	ources	you	r insta	illation	n handle	s. Use additional sheet	ts if necessary.			
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Haz	ardou	s Waste:	s from	Spe	cific !	Sourc	es. Ente	r the four-digit number	from 40 CFR Part 261	32 for each listed I	nazardous w	aste from
spe	cific s	ources y	our ins	stalla	tion h	andle	s. Use a	dditional sheets if nece	essary.			
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		ial Char	nicel I	2no de	on H	anard.	Non Mon	tee Enter the four dia	it number from 40 CFR	Part 261 33 for ear	ch chemical	substance
you	r insta	llation h	andles	whi	ch ma	ly be a	hazardo	ous waste. Use addition	nal sheets if necessary.	, 410 201.00 101 00	211 0110(111001	
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). List	ted Inf	ectious	Waste	s. En	ter th	e four	-digit nu	imber from 40 CFR Par	rt 261.34 for each haza lse additional sheets if	rdous waste from hecessary.	iospitals, vet	terinary hos-
pite			and re-	T			- I	51	52	53		54
-		49				50		31				
. Cha	aracter	istics of	Nonli	isted	Haza	rdous	Wastes	. Mark 'X' in the boxes	corresponding to the c	haracteristics of no	nlisted haze	rdous wastes
you	r insta	llation h	andles	. (Se	e 40 (CFR Pa	arts 261.	21 — 261.24)				
	I] 1. lgn	itable					2. Corrosive (D002)	☐ 3. React (D003			L. Toxic (D000)
		1000	001)	NEED IN		100	RESIDENCE OF THE PARTY OF THE P	(10002)			THE REAL PROPERTY.	
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th	nere a	re sign	ificar	nt pe	enalt	ies fo	or subn	nitting talse inform	ation, including the	possibility of it	tre arra mi	Diriodini.dire
Signa	ture			/	/			Name and Off	icial Title (type or print)		Date Sign	- O /
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EPA Form 8700-12 (Rev. 11-85) Reverse

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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-30-91 GSA No. 0246-EPA-OT

United States Environmental Protection	Agency Please refer to the Instructions for
SEPA Notification of Hazardous W	Filing Notification before completing this form. The information requested here is required by law (Section 3010)
	aste Activity of the Resource Conservation and Recovery Act).
For Official Use Only!∜	TO SEE STATE OF THE SECOND SEC
C Comments	
Installation's EPA ID Number Appro	Date Received (yr. mo. day)
FNJD144446572TA	
Name of Installation	
GETTY SERVILE STA	TION #56852
II. Installation Mailing Address	
Street or P.O. B	ox
3 10 6 10 0 12 15 Mu 3 A V = Nu	E
City or Town	State ZIP Code
III. Location of Installation	NJ07105
Street or Route Nu	mbor Tables
5 134 PAUTE U EAST	
City or Town	
C F N I S S S S S S S S S S S S S S S S S S	State ZIP Code
IV. Installation Contact	010101631
	Phone Number
Name and Title (last, first, and job title)	(area code and number)
V. Ownership	ENG 2013447860
	B. Type of Ownership
A. Name of Installation's Legal Owner	(enter code)
R ロービーT T リー	Corp
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
☐ 1b. Less than 1,000 kg/mo.	Off-Specification Used Oil Fuel
☐ 2. Transporter ☐ 3. Treater/Storer/Disposer	a. Generator Marketing to Burner
☐ 4. Underground Injection	□ b. Other Marketer
S. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	□ c. Burner
□ a. Generator Marketing to Burner	Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification
b. Other Marketer	
□ c. Burner	
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all ap in which hazardous waste fuel or off-specification used oil fuel is burned. Se	
☐ A. Utility Boiler ☐ B. Industrial Boiler	☐ C. Industrial Furnace
VIII. Mode of Transportation (transporters only - enter 'X' in the appr	opriate box(es)
☐ A. Air ☐ B. Rail ☐ C. Highway ☐	D. Water E. Other (specify)
IX. First or Subsequent Notification	
Mark 'X' in the appropriate box to indicate whether this is your installation's first not notification. If this is not your first notification, enter your installation's EPA ID Number	fication of hazardous waste activity or a subsequent per in the space provided below.
A. First Notification B. Subsequent Notification	C. Installation's EPA ID Number
(complete item C)	

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Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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GTI - NEW JERSEY

2003/003

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E. Characteristics of populated Hazardous		100 - 100 May - 110 200 A 24 200 May 200 A	
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XI. Certification		Althor Page 121 - Author V. T. Inc.	The state of the s
I certify under penalty of law that i have and all attached documents, and it obtaining the information, libelieve that there are significant penalties imprisonment.	/epersonally,examine nat-based on my Ing that the submitted In	ulry of those individual ormation is true: accur	s immediately responsible for
All for	Name and Official Title	, , , , , , , ,	0ate Signed 4-18-94
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reviewing the collection of information, Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M.St., S.W.; Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

GROUNDWATER
TECHNOLOGY ®

Letter of Transmittal

ATTENTION W.O. NO.
ATTENTION
RE: GENERATOR ID#
FOR THE GETTY SERVICE STATION IN ENSIEWOOD, NJ
IN ENGLEWOOD, NJ
-
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ver viathe following items:
s Samples Specifications
DESCRIPTION
ed Resubmitcopies for approval
□ Submitcopies for distribution
ions Returncorrected prints
19 PRINTS RETURNED AFTER LOAN TO US
NOUSED Application for A
enced facility, DUE TO A LAUL
FAXED COPY OF THE GENERATOR.
IDINAL EPA FORM. WE ARE
VE WASTES PRONED FROM THIS
ADDRELIATE WOUR FRAMEDIATE
THOMAN YOUR IMMEDIATE
THAME YOU INCOME
THANK YOU JEFF LOZIANCUSK

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.

Date: 5/6	194
acility Name	Letty Suc Station 54852
OUR NOTI	FICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS SSED DUE TO THE FOLLOWING:
I)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
II)	Name of Installation is incomplete.
III)	Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
IV)	Installation Mailing Address is incomplete.
· (V)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.
VI)	Installation Contact Address is Incomplete.
VII) ,	Ownership information is incomplete.
VIII)	Type of Regulated Waste Activity Hazardous Waste: 1 Generator status is incomplete.
	2 Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
	3 Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
IX)	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
X)	Certification is insufficient. Please provide an <u>original</u> signature in the Certification section. Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.
	(over,)

XI)	is the existing EPA Identification
	Number for your company, at the location you have specified. To update
	information previously provided, please resubmit your form as a Subsequent
	Notification. Enter the previously assigned ID No. on the form in the
	appropriate block and attach a brief explanation of the changes in the
	COMMENTS SECTION (Part XI) of the form, or in a separate letter. Please re-
	sign the form with an original signature in the Certification area. FAILURE TO
*	PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT
3 5 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN
	INTERESTED PARTY.
/	
XII) 🔽	Please use the enclosed, current Notification of Regulated Waste Activity (EPA
,	Form 8700-12) for your submission.
XIII)	Our records indicate that an EPA ID No. has already been assigned to an other
	facility at the same address which you have provided as your Location of
	Installation. Please indicate, in the appropriate space(s) below, your facility's
	relationship to
* * * * * * * * * * * * * * * * * * *	
•	
•	The above named installation is in the same building/complex.
	Please provide a more detailed address for your facility under Location of
	Installation on the form. A more specific address would include a street
	number, cross street, room/suite number, floor number, section number,
	block/lot number, mile post marker, N, S, E, or W wing, box no. at the
	site (NOT a PO Box), or a rural delivery number.
	site (1101 a 10 box), or a raim dentery number.
×	The above named installation is the current owner of the property.
	List the property owner's name and address in the comments section
	(Part XI) of your form and note them as the property owner. Please
*	provide a detailed address for the property owner on the form. This
	should include a street number, cross street, room/suite number, floor
*:	number, section number, block/lot number, mile post marker, N, S, E, or
	W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
× *	while, box no. at the site (1.01 a 10 box), of a farat deal of manner.
	The above named installation is registered as the previous owner of the
**	property or prior business.
	List the above named company's name and address in the comments
	section (Part XI) of your form and note them as the previous property
	owner or previous business owner and complete Part VII D of your form.
	Owner or previous business owner and complete rait vir b or your form.
• •	The above named installation is the previous operator at this location.
	The above hamed distantation is the previous operator at this location.
	Other Disease emploin
	Other. Please explain.
•	
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